

**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR THE COUNTY OF KING**

NO.

**CONFIRMATION OF ISSUES AND
CERTIFICATE REGARDING MEDIATION
(Clerk's Action Required)**

☐ The parties make the following joint representations:

[A CASE STATUS CONFERENCE AS NOTED IN THE CASE SCHEDULING ORDER
WILL BE CANCELED ONLY IF THIS BOX IS CHECKED AND ALL PARTIES HAVE
SIGNED THIS FORM OR GIVEN THEIR TELEPHONIC AUTHORITY FOR
SIGNATURE]

1. All parties have been served or have waived service.
2. All mandatory pleadings have been filed.
3. No additional issues will be raised.
4. The parties anticipate no problems in meeting the deadlines for disclosing possible witnesses and other, subsequent deadlines in the Case Schedule.
5. All parties have cooperated in completing this report.

- ☐ The parties do not join in making the foregoing representations, as explained below (if appropriate, check both the box at left and every applicable box below):

[IF THE BOX ADJACENT TO THE PRECEDING SENTENCE IS CHECKED, THERE WILL BE A STATUS CONFERENCE, AS NOTED IN THE CASE SCHEDULING ORDER, AT WHICH ALL PARTIES OR THEIR ATTORNEYS MUST APPEAR.]

- ☐ A party remains to be served.
☐ A mandatory pleading remains to be filed.
☐ An additional issue will be raised.
☐ One or more parties anticipate a problem in meeting the deadlines for disclosing possible witnesses or other subsequent deadlines in the Case Schedule.
☐ A party has refused to cooperate in drafting this report.
☐ Other explanation:

In order to obtain the Court's direction in the matters described above, the parties will appear at an Initial Status Conference, the date of which (as stated in the notices on the Case Schedule) is:

CERTIFICATE REGARDING MEDIATION

Petitioner:	_____	Respondent:	_____
Address:	_____	Address:	_____
	_____		_____
Telephone:	_____	Telephone:	_____
Attorney for Petitioner:	_____	Attorney for Respondent:	_____
Address:	_____	Address:	_____
	_____		_____
Telephone:	_____	Telephone:	_____

CONFIRMATION OF ISSUES AND CERTIFICATE REGARDING MEDIATION

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1. Is there a court order or other action regarding mediation? Yes ____ No ____

If yes, check the appropriate box below:

☐ This matter has been referred to mediation by court order dated:

_____.

☐ Mediation was waived by court order dated: _____.

☐ The parties are presently engaged in private mediation with (name, address & phone number):

If any of the above boxes are checked, the case will not be referred to mediation per KCLR 4.2(b)(1)(E).

2. Is parenting of minor children contested in this case? Yes ____ No ____ [Check "yes" unless the same parenting plan has been signed by both parties.]

If the answer is "Yes" and none of the boxes is checked regarding mediation, the Court Clerk will administratively refer the case to mediation at Family Court Services unless parties have filed an order waiving mediation. Please complete the items on the following page if parenting is contested and none of the above boxes regarding mediation is checked.

3. Is there an allegation of domestic violence in this case? Yes ____ No ____

4. Is there an allegation of child abuse? Yes ____ No ____

5. Is there an allegation of sexual abuse? Yes ____ No ____

6. Is there a GAL or CASA appointed? Yes ____ No ____

If the answer is yes, provide the name, address & phone number of the appointed individual.

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7. Is there a private parenting plan evaluator or Family Court Services evaluator previously ordered in this matter? Yes ____ No ____

If the answer is yes, provide the name, address, & phone number of the appointed individual.

8. Is an interpreter needed for either party? Yes ____ No ____

If the answer is yes, provide the name of the party(s) and language(s) needed.

Notice to parties: This matter will be referred to mediation at Family Court Services whenever the parenting of the children is contested and you do not obtain a court order waiving mediation.

DATED: _____ SIGNED: _____

Petitioner/Attorney

(If attorney, WSBA #:_____):

Typed Name: _____

Address: _____

Phone: _____

Attorney(s) For: _____

DATED: _____ SIGNED: _____

Respondent/Opposing Counsel

(If attorney, WSBA #:_____)

Typed Name: _____

Address: _____

Phone: _____

Attorney(s) For: _____

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